## INDEPENDENT AUDITOR'S REPORT MANAGEMENT'S DISCUSSION AND ANALYSIS FINANCIAL STATEMENTS AND ACCOMPANYING INFORMATION COMMENTS AND RECOMMENDATIONS

YEARS ENDED JUNE 30, 2006 AND 2005

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# MAHASKA COUNTY HOSPITAL (d/b/a MAHASKA HEALTH PARTNERSHIP) Officials June 30, 2006

Board of Trustees:	Address	Term Expires
Julie Fisher, Chairman	Oskaloosa, Iowa	2006
Becky Siefering, Vice-Chairman	Oskaloosa, Iowa	2006
Mike Grim, Secretary	Eddyville, Iowa	2008
Paul Swenson, Treasurer	Oskaloosa, Iowa	2008
Lawrence Everett	New Sharon, Iowa	2010
Jon Sullivan	Oskaloosa, Iowa	2010
Mary Sexton	Rose Hill, Iowa	2008
Chief Executive Officer:		
Jay Christensen	Oskaloosa, Iowa	
Chief Financial Officer:		
Joe Hohenberger	Oskaloosa, Iowa	

### Gronewold, Bell, Kyhnn & Co. P.C.

CERTIFIED PUBLIC ACCOUNTANTS • BUSINESS AND FINANCIAL CONSULTANTS

1910 EAST 7th STREET BOX 369 ATLANTIC, IOWA 50022-0369 (712) 243-1800 FAX (712) 243-1265 CPA@GBKCO.COM ROGER A. BELL MARK D. KYHNN DAVID L. HANNASCH KENNETH P. TEGELS CHRISTOPHER J. NELSON DAVID A. GINTHER

#### INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees Mahaska County Hospital (d/b/a Mahaska Health Partnership) Oskaloosa, Iowa

We have audited the accompanying balance sheets of Mahaska County Hospital (d/b/a Mahaska Health Partnership) as of June 30, 2006 and 2005, and the related statements of revenues, expenses and changes in net assets, and cash flows for the years then ended. These financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. Those standards and provisions require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Mahaska County Hospital (d/b/a Mahaska Health Partnership) as of June 30, 2006 and 2005, and the results of its operations, changes in net assets, and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with Government Auditing Standards, we have also issued our report dated October 12, 2006 on our consideration of Mahaska County Hospital's (d/b/a Mahaska Health Partnership) internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards and should be considered in assessing the results of our audit.

To the Board of Trustees Mahaska County Hospital (d/b/a Mahaska Health Partnership)

The management's discussion and analysis and budgetary comparison schedule on pages 4 through 4d and 22 are not a required part of the basic financial statements, but are supplementary information required by the Governmental Accounting Standards Board. We have applied certain limited procedures, which consisted principally of inquiries of management, regarding the methods of measurement and presentation of the required supplementary information. However, we did not audit the information and express no opinion on it.

Our audits were made for the purpose of forming an opinion on the basic financial statements taken as a whole. We previously audited, in accordance with the standards referred to in the second paragraph of this report, the financial statements for the three years ended June 30, 2004 (none of which are presented herein) and expressed unqualified opinions on those financial statements. The accompanying information (shown on pages 23 through 38) is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in our audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Charlold, Bell, Kyhn & b. P.C.

Atlantic, Iowa October 12, 2006



Our discussion and analysis of Mahaska Health Partnership (Hospital's) financial performance provides an overview of the Hospital's financial activity for the fiscal years ended June 30, 2006 and 2005. Please read it in conjunction with the Hospital's financial statements, which begin on page 5.

#### FINANCIAL HIGHLIGHTS

The Hospital's net assets increased in each of the past two years with a \$986,949 or 4.5 percent increase in 2006 and a \$536,004 or 2.5 percent increase in 2005.

The Hospital reported operating losses in 2006 (\$1,058,165) and 2005 (\$1,687,121). Losses in 2006 decreased by \$628,956 or 37.3 percent from the loss reported in 2005. Operating losses in 2005 increased from 2004 by \$159,758 or 10.5 percent.

Nonoperating revenues decreased by \$178,011 or 8.0 percent in 2006 compared to 2005. Nonoperating revenues increased in 2005 by \$435,953 or 24.4 percent compared to 2004.

Excess revenues over expenses increased by \$450,945 or 84.1% in 2006 compared to 2005, while excess revenues over expenses increased by \$276,195 or 106.3% in 2005 compared to 2004.

#### USING THIS ANNUAL REPORT

The Hospital's financial statements consist of three statements - a Balance Sheet; a Statement of Revenues, Expenses, and Changes in Net Assets; and a Statement of Cash Flows. These financial statements and related notes provide information about the activities of the Hospital, including resources held by the Hospital but restricted for specific purposes by contributors, grantors, or enabling legislation.

THE BALANCE SHEET AND STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET ASSETS

Our analysis of the Hospital finances begins on page 4a. One of the most important questions asked about the Hospital's finances is, "Is the Hospital as a whole better or worse off as a result of the year's activities?" The Balance Sheet and the Statement of Revenues, Expenses, and Changes in Net Assets report information about the Hospital's resources and its activities in a way that helps answer this question. These statements include all restricted and unrestricted assets and all liabilities using the accrual basis of accounting. All of the current year's revenues and expenses are taken into account regardless of when cash is received or paid.

These two statements report the Hospital's net assets and changes in them. You can think of the Hospital's net assets - the difference between assets and liabilities - as one way to measure the Hospital's financial health, or financial position. Over time, increases or decreases in the Hospital's net assets are one indicator of whether its financial health is improving or deteriorating. You will need to consider other nonfinancial factors, however, such as changes in the Hospital's patient base and measures of the quality of service it provides to the community, as well as local economic factors to assess the overall health of the Hospital.

#### THE STATEMENT OF CASH FLOWS

The final required statement is the Statement of Cash Flows. The statement reports cash receipts, cash payments, and net changes in cash resulting from operations, investing, and financing activities. It provides answers to such questions as "Where did cash come from?" "What was cash used for?" and "What was the change in cash balance during the reporting period?"

#### THE HOSPITAL'S NET ASSETS

The Hospital's net assets are the difference between its assets and liabilities reported in the Balance Sheet on page 5. The Hospitals' net assets increased in each of the past two years by \$986,949 (4.5 percent) in 2006 and \$536,004 (2.5 percent) in 2005, as you can see from Table 1.

Table 1: Assets, Liabilities, and Net Assets

	2006	2005	2004
Assets: Current assets Capital assets, net Other noncurrent assets	\$ 11,350,651 22,469,617 2,678,107	\$ 10,970,976 23,289,497 2,490,721	\$ 10,498,359 24,289,272 2,434,868
Total assets	\$ 36,498,375	\$ 36,751,194	\$ 37,222,499
Liabilities: Long-term debt outstanding Other current and noncurrent Liabilities	\$ 8,746,717 4,905,647	\$ 9,801,879 5,090,253	\$ 10,887,057 5,012,384
Total liabilities	<u>\$ 13,652,364</u>	<u>\$ 14,892,132</u>	<u>\$ 15,899,441</u>
Net Assets: Invested in capital assets, net of Related debt Restricted expendable net assets	\$ 12,003,135 917,101	\$ 11,765,459 875,000	\$ 11,650,711 875,000
Restricted nonexpendable permanent Endowments Unrestricted	6,000 <u>9,919,775</u>	6,000 9,212,603	6,000 8,791,347
Total net assets	\$ 22,846,011	\$ 21,859,062	\$ 21,323,058

#### OPERATING RESULTS AND CHANGES IN THE HOSPITAL'S NET ASSETS

In 2006, the Hospital's net assets increased by \$986,949 or 4.5 percent, as shown in Table 2. This increase is made up of very different components. This represents an increase of 84.1 percent compared with the increase in net assets for 2005 of \$536,004.

Table 2: Operating Results and Changes in Net Assets

	2006	2005	2004
Operating Revenues: Net patient service revenues Other operating revenues Total operating revenues	\$ 24,309,899 233,201 24,543,100	\$ 23,343,985 270,723 23,614,708	\$ 21,322,953
Operating Expenses: Salaries and benefits Professional fees Other operating expenses Depreciation and amortization Total operating expenses	15,652,837 998,485 6,648,346 2,301,597 25,601,265	15,414,601 1,064,333 6,626,837 2,196,058 25,301,829	13,506,575 1,448,527 6,273,381 1,909,219 23,137,702
Operating loss	( 1,058,165)	( 1,687,121)	( 1,527,363)
Nonoperating Revenues and Expenses: Property taxes Investment income Noncapital grants and contributions Other nonoperating revenues and Expenses, net Total nonoperating revenues (Expenses)	1,789,140 155,824 355,159 ( 255,009) 2,045,114	1,723,297 75,495 663,595 ( 239,262) 2,223,125	1,670,055 70,476 321,432 ( 274,791) 1,787,172
Excess of Revenues over Expenses and Increase in Net Assets	986,949	536,004	259,809
Net Assets Beginning of Year	21,859,062	21,323,058	21,063,249
Net Assets End of Year	\$ 22,846,011	\$ 21,859,062	<u>\$ 21,323,058</u>

#### BUDGETARY HIGHLIGHTS

The official county budget of the Hospital for the year ended June 30, 2006 was prepared on a modified accrual basis. The original budget of expenditures was approved at the meeting of February 28, 2005. Actual expenditures were lower than budget.

#### **OPERATING LOSSES**

The first component of the overall change in the Hospital's net assets is its operating income (loss) - generally, the difference between net patient service and the expenses incurred to perform those services. In each of the past two years, the Hospital has reported an operating loss. Losses in 2006 decreased by \$628,956 or 37.3 percent lower than the loss reported in 2005. Operating losses in 2005 increased by \$159,758 or 10.5 percent higher than the loss reported in 2004.

The primary component of the decreased operating loss is:

As of November 1, 2005, Mahaska Health Partnership was designated a Critical Access Hospital. This change resulted in a significant increase in Medicare reimbursement. This then served to reduce our Contractual Adjustments. This year's adjustments as a percentage of patient services revenue was 35.9 while 2005 was 37.7.

#### NONOPERATING REVENUES AND EXPENSES

Nonoperating revenues consist primarily of property taxes levied by the Hospital and interest revenue and investment earnings and contributions. While investment income went from \$75,495 in 2005 to \$155,824 in 2006, a decrease in contributions of \$308,436 was noted. The decrease in contributions was the result of the Capital Campaign for Mahaska Health West coming to an end.

#### GRANTS, CONTRIBUTIONS, AND ENDOWMENTS

The Hospital receives both capital and operating grants from various state and federal agencies for specific programs. These are discussed in Note A to the financial statements. Capital and operating grants received in 2006 did not change materially from capital and operating grants received in 2005.

#### THE HOSPITAL'S CASH FLOWS

The Hospital's cash flows changed due to the increase of third-party payments that were the direct result of the Critical Access Hospital designation as of November 1, 2005.

#### CAPITAL ASSET AND DEBT ADMINISTRATION

#### Capital Assets:

At the end of 2006, the Hospital had \$22.5 million invested in capital assets, net of accumulated depreciation, as detailed in Note G to the financial statements. The Hospital spent \$1.5 million for the purchase of new equipment and construction costs in 2006, and \$1.2 million in 2005.

#### Debt:

At year-end, the Hospital had \$10.5 million in revenue notes and bonds, and promissory notes outstanding.

#### OTHER ECONOMIC FACTORS

The hospital is dependent upon payments from Medicare, Medicaid and other third-party payers. Each of these payers has continued to put pressure on reimbursement levels paid to the hospital. Medicare represents nearly 46.9% of hospital revenues and presently reimburses the hospital less than 52.9% of billed charges. Future cost increases will be covered by increased volume from new physicians recruited in the past two years plus the designation as a Critical Access Hospital.

#### CONTACTING THE HOSPITAL'S FINANCIAL MANAGEMENT

This financial report is designed to provide our patients, suppliers, taxpayers, and creditors with a general overview of the Hospital's finances and to show the Hospital's accountability for the money it receives. If you have questions about this report or need additional financial information, contact the Hospital Administrator, at Mahaska Health Partnership, Oskaloosa, Iowa 52577.

# MAHASKA COUNTY HOSPITAL (d/b/a MAHASKA HEALTH PARTNERSHIP) Balance Sheets June 30,

### **ASSETS**

		2006		2005
Current Assets:				
Cash	\$	2,476,109	\$	1,783,416
Patient receivables, less allowances for doubtful accounts and for contractual	Ψ	2,470,109	Ф	1,765,410
adjustments (\$2,078,439 in 2006, \$2,080,000		4 400 500		
in 2005) Other receivables		4,439,500		4,843,304
		76,724		217,897
Inventory		937,770		878,658
Prepaid expense		129,047		126,380
Estimated third-party payor settlements		88,000		17,000
Succeeding year property tax receivable		1,750,000		1,675,000
Internally designated assets		1,453,501		1,429,321
Total current assets		11,350,651		10,970,976
Designated and Restricted Assets:				
Internally designated assets		3,121,123		2,824,943
Restricted assets		923,101		881,000
		4,044,224		3,705,943
Less amounts required to meet current		, , , ,		-,,
liabilities		1,453,501		1,429,321
		2,590,723		2,276,622
Capital Assets:				
Depreciable capital assets		22,120,351		22,337,332
Non-depreciable capital assets		349,266		952,165
and the second composite and the second compos		22,469,617		23,289,497
		22,407,017		23,209,491
Other Assets:				
Notes receivable		37,500		162,238
Other		49,884		51,861
		87,384		214,099
Total assets	<u>\$</u>	36,498,375	<u>\$</u>	36,751,194

The accompanying notes are an integral part of these statements.

#### **LIABILITIES AND NET ASSETS**

		2006		2005
Current Liabilities:  Current maturities of long-term debt Accounts payable Accrued employee compensation Accrued payroll taxes and withholding Accrued health insurance claims Accrued interest payable Deferred revenue for succeeding year property tax receivable  Total current liabilities	<b>\$</b>	1,186,781 704,343 887,549 79,746 120,576 176,652 1,750,000 4,905,647	\$	1,121,507 634,006 1,287,500 53,974 135,098 183,168 1,675,000 5,090,253
Long-Term Debt: Revenue bonds and notes payable, less unamortized discount, debt issue costs, and current maturities Total liabilities		8,746,717 13,652,364		9,801,879 14,892,132
Net Assets: Invested in capital assets, net of related debt Restricted - expendable Non-expendable permanent endowments Unrestricted Total net assets		12,003,135 917,101 6,000 9,919,775 22,846,011		11,765,459 875,000 6,000 9,212,603 21,859,062
		26 400 255	Φ.	06 751 104
Total liabilities and net assets	<u>\$</u>	36,498,375	<u>\$</u>	36,751,19

## MAHASKA COUNTY HOSPITAL (d/b/a MAHASKA HEALTH PARTNERSHIP) Statements of Revenues, Expenses and Changes in Net Assets Year ended June 30,

	2006	2005
Revenue:		
Net patient service revenue	\$ 24,309,899	\$ 23,343,985
Other revenue	233,201	270,723
Total revenue	24,543,100	23,614,708
Expenses:		
Nursing service	5,942,010	6,089,313
Other professional service	11,365,440	11,552,909
General service	1,995,589	1,767,633
Fiscal and administrative service	3,996,629	3,695,916
Provision for depreciation	2,284,547	2,179,525
Amortization	<u> 17,050</u>	16,533
Total expenses	<u>25,601,265</u>	25,301,829
Operating Loss	( 1,058,165)	( 1,687,121)
Non-Operating Revenue (Expenses):		
County taxes	1,789,140	1,723,297
County subsidy - New Directions	86,738	76,618
Investment income	155,824	75,495
Noncapital grants and contributions	298,266	663,595
Rental income	284,482	284,699
Interest expense	( 570,036)	(600,579)
Gain on disposal of assets	700	( 000,e / )
Non-operating revenue, net	2,045,114	2,223,125
Evenes of Davinnes Over Eveneses and Incress		
Excess of Revenues Over Expenses and Increase in Net Assets	986,949	536,004
III INCLASSEIS	700,749	330,004
Net Assets Beginning of Year	21,859,062	21,323,058
Net Assets End of Year	\$ 22,846,011	\$ 21,859,062

The accompanying notes are an integral part of these statements.

# MAHASKA COUNTY HOSPITAL (d/b/a MAHASKA HEALTH PARTNERSHIP) Statements of Cash Flows Year ended June 30,

	2006	2005
Cash flows from operating activities:  Cash received from patients and third-party payors Cash paid to suppliers Cash paid to employees Other revenue Net cash provided by operating activities	\$ 24,783,876 ( 10,291,408) ( 13,236,750) 233,201 1,488,919	\$ 23,705,210 ( 10,581,931) ( 12,366,688) 270,723 1,027,314
Cash flows from non-capital financing activities: County tax revenue and subsidy Noncapital grants and contributions Net cash provided by non-capital financing activities	1,875,878 298,266 2,174,144	1,799,915 663,595 2,463,510
Cash flows from capital and related financing activities: Capital expenditures Proceeds on debt issuance Principal paid on long-term debt Change in other assets Interest paid	( 1,491,582) 156,700 ( 1,214,256) 1,977 ( 525,934)	( 1,285,211)  ( 1,114,523) 11,683 ( 548,419)
Proceeds on sale of assets  Net cash used in capital and related financing activities  Cash flavor from investing activities	( 3,072,395)	( 2,936,470)
Cash flows from investing activities: Investment income Change in designated and restricted assets Loans granted for physician recruitment Rental income Net cash provided by investing activities	155,824 (70,719)  284,482 369,587	75,495 ( 17,369) ( 20,000) <u>284,699</u> 322,825
Net increase in cash and cash equivalents	960,255	877,179
Cash and cash equivalents at beginning of year	2,086,425	1,209,246
Cash and cash equivalents at end of year	\$ 3,046,680	<u>\$ 2,086,425</u>
Reconciliation of cash and cash equivalents to the balance sheets:     Cash in current assets     Cash and cash equivalents in designated and restricted assets  Total cash and cash equivalents	\$ 2,476,109 <u>570,571</u> \$ 3,046,680	\$ 1,783,416 303,009 \$ 2,086,425
	<del> </del>	

(continued next page)

## MAHASKA COUNTY HOSPITAL (d/b/a MAHASKA HEALTH PARTNERSHIP) Statements of Cash Flows - Continued Year ended June 30,

		2006		2005
Reconciliation of operating loss to net cash provided by operating activities:				
Operating loss	\$(	1,058,165)	\$(	1,687,121)
Adjustments to reconcile operating loss to net	`	, ,		, , ,
cash provided by operating activities				
Provision for depreciation		2,284,547		2,179,525
Provision for bad debts		1,193,458		1,153,286
Amortization		141,788		110,850
Changes in assets and liabilities				
Accounts receivable	(	648,481)	(	1,006,061)
Inventory	(	59,112)		85,175
Prepaid expense	(	2,667)	(	90,322)
Accounts payable, trade		97,252	(	99,276)
Accrued employee compensation	(	399,951)		190,632
Accrued payroll taxes and withholding		25,772	(	18,472)
Accrued health insurance claims	(	14,522)	(	4,902)
Estimated third-party payor settlements		<u>71,000</u> )		214,000
Total adjustments		2,547,084		2,714,435
Net cash provided by operating activities	<u>\$</u>	1,488,919	\$	1,027,314

Notes to Financial Statements June 30, 2006 and 2005

## NOTE A - REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### 1. Reporting Entity

The organization is a county hospital with related healthcare ancillary and outpatient services. The Hospital is organized under Chapter 347 of the Code of Iowa, accordingly is a political subdivision of the State of Iowa, and is therefore exempt from federal and state income taxes. It is governed by a seven member board of trustees elected for six year terms. The Hospital has considered all potential component units for which it is financially accountable, and other organizations for which the nature and significance of their relationship with the Hospital are such that exclusion would cause the Hospital's financial statements to be misleading or incomplete. The criteria for determining financial accountability include: appointing a majority of an organization's governing body, and (a) the Hospital's ability to impose its will on that organization, or (b) the potential for the organization to provide benefits to or impose financial burdens on the Hospital. The Hospital has no component units.

#### 2. Enterprise Fund Accounting

The Hospital uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus. Based on Governmental Accounting Standards Board (GASB) Statement No. 20, Accounting and Financial Reporting for Proprietary Funds and Other Governmental Entities That Use Proprietary Fund Accounting, as amended, the Hospital has elected to apply the provisions of all relevant pronouncements of the Financial Accounting Standards Board (FASB), that do not conflict with or contradict GASB pronouncements.

#### 3. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

#### 4. Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid debt instruments with an original maturity of three months or less, including designated and restricted assets.

#### 5. <u>Inventory Valuation</u>

Inventory is valued at the lower of cost (first-in, first-out method) or market.

Notes to Financial Statements June 30, 2006 and 2005

## NOTE A - REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

#### 6. Investments

Investments are reported at fair value except for short-term highly liquid investments that have a remaining maturity at the time they are purchased of one year or less. These investments are carried at amortized cost. Interest, dividends, and gains and losses, both realized and unrealized, on investments are included in non-operating revenue when earned, unless restricted by donor or law.

#### 7. Capital Assets

The Hospital's capital assets are reported at historical cost. Contributed capital assets are reported at their estimated fair value at the time of their donation. Capital assets with lives in excess of five years and cost in excess of \$5,000 are capitalized. These capital assets, other than land, are depreciated or amortized (in the case of capital leases) using the straight-line method of depreciation using their estimated useful lives (fifteen to fifty years for buildings and land improvements and five to twenty years for equipment).

#### 8. Costs of Borrowing

Except for capital assets acquired through gifts, contributions, or capital grants, interest cost on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. There was no interest cost capitalized in 2006 or 2005.

#### 9. Compensated Absences

Hospital employees earn paid time off hours at varying rates depending on years of service. Paid time off consists of holiday, vacation and sick time and accumulates to a maximum of 360 hours. Any excess over 360 hours accumulated by the employee's anniversary date is lost. The computed amount of paid time off benefits earned by year end is recorded as part of accrued employee compensation.

#### 10. Operating Revenues and Expenses

The Hospital's statement of revenues, expenses and changes in net assets distinguishes between operating and non-operating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services - the Hospital's principal activity. Nonexchange revenues, including taxes, grants, and contributions received for purposes other than capital asset acquisition, are reported as non-operating revenues. Operating expenses are all expenses incurred to provide health care services, other than financing costs.

Notes to Financial Statements June 30, 2006 and 2005

## NOTE A - REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

#### 11. Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

#### 12. Property Tax Levy

Property tax receivable is recognized on the levy or lien date, which is the date that the tax asking is certified by the County Board of Supervisors. The succeeding year property tax receivable represents taxes certified by the Board of Supervisors to be collected in the next fiscal year for the purposes set out in the budget for that year. Although the succeeding year property tax receivable has been recorded, the related revenue is deferred and will not be recognized as revenue until the year for which it is levied. Property tax revenue is reported as non-operating revenue when collected by the County Treasurer.

#### 13. Grants and Contributions

Revenues from grants and contributions (including contributions of capital assets) are recognized when all eligibility requirements, including time requirements are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as non-operating revenues. Amounts restricted to capital acquisitions are reported after non-operating revenues and expenses.

#### 14. Endowments

Endowments are provided to the Hospital on a voluntary basis by individuals and private organizations. *Permanent* endowments require that the principal or corpus of the endowment be retained in perpetuity. If a donor has not provided specific instructions, law permits the Board of Trustees to authorize for expenditure the net appreciation of the investments of endowment funds, as discussed in Note C.

#### 15. Restricted Resources

Use of restricted or unrestricted resources for individual projects is determined by the Hospital Board of Trustees based on the facts regarding each specific situation.

Notes to Financial Statements June 30, 2006 and 2005

## NOTE A - REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

#### 16. Net Assets

Net assets of the Hospital are classified in four components. Net assets invested in capital assets net of related debt consist of capital assets net of accumulated depreciation and reduced by the current balances of any outstanding borrowings used to finance the purchase or construction of those assets. Restricted expendable net assets are noncapital net assets that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the Hospital, including amounts deposited with trustees as required by revenue bond indentures, discussed in Note H. Restricted nonexpendable net assets equal the principal portion of permanent endowments. Unrestricted net assets are remaining net assets that do not meet the definition of invested in capital assets net of related debt or restricted.

#### 17. Charity Care

The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Revenue from services to these patients is automatically recorded in the accounting system at the established rates, but the Hospital does not pursue collection of the amounts. The resulting adjustments are recorded as bad debts or charity service depending on the timing of the charity determination.

#### NOTE B - THIRD-PARTY PAYOR ARRANGEMENTS

A summary of the payment arrangements with major third-party payors follows:

Medicare and Medicaid - Inpatient services, most outpatient services, and defined capital costs related to program beneficiaries are paid based on a cost reimbursement methodology. The Hospital is reimbursed for the cost of services at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the fiscal intermediaries. The Hospital's Medicare cost reports have been audited and finalized by the fiscal intermediaries through June 30, 2004. The Medicaid cost reports have been audited through June 30, 2003. However, finalized cost reports are subject to re-opening by the intermediaries within three years of the date of finalization. Outpatient services not paid based on a cost reimbursement methodology are paid based on a prospectively determined fee schedule.

The Hospital also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Notes to Financial Statements June 30, 2006 and 2005

#### NOTE C - ENDOWMENTS AND RESTRICTED NET ASSETS

Restricted expendable net assets are available for the following purposes:

Restricted expendable net assets are available for the following purposes:			
	2006	2005	
Long-term debt	<u>\$ 917,101</u>	\$ 875,000	
Following is a summary of the use of temporarily restricted June 30:	ed net assets during	the year ended	
	2006	2005	
Purchase of property and equipment	\$	\$	
Unless the contributor provides specific instructions, law permits the Hospital Board of Trustees to authorize for expenditure the net appreciation (realized and unrealized) of the investments in its endowments. When administering its power to spend net appreciation, the Board of Trustees is required to consider the Hospital's long and short-term needs, present and anticipated financial requirements, expected total return on its investments, price-level trends, and general economic conditions. Any net appreciation that is spent is required to be spent for the purposes designated by the contributor.			
The Board of Trustees has chosen to spend the investment endowment fund while maintaining adequate amounts of original value. Any decreases in principal value will be re- future years to return the principal to its original value.	earnings to maintair	the principal	
Restricted nonexpendable net assets as of June 30, 2006 a amounts of permanent endowments, restricted to investme earnings from the Hospital's permanent endowments are exprograms as established by the contributor:	ent in perpetuity. In	vestment	
	2006	2005	
Purchase of capital assets	\$ 6,000	\$ 6,000	

#### NOTE D - DESIGNATED NET ASSETS

Of the \$9,919,775 (\$9,212,603 as of June 30, 2005) of unrestricted net assets as of June 30, 2006, \$3,121,123 (\$2,824,943 for 2005) has been designated by the Hospital's Board of Trustees for purposes identified in the following schedule.

Notes to Financial Statements June 30, 2006 and 2005

#### NOTE D - DESIGNATED NET ASSETS - Continued

Designated assets remain under the control of the Board of Trustees, which may, at its discretion, later use the funds for other purposes.

	_	2006		2005
Capital acquisitions Employee health insurance	\$ —	2,971,150 149,973	\$	2,674,970 149,973
	<u>\$</u>	3,121,123	<u>\$</u>	2,824,943

#### NOTE E - DEPOSITS AND INVESTMENTS

The Hospital's deposits at June 30, 2006 were entirely covered by federal depository insurance or the State Sinking Fund in accordance with Chapter 12C of the Code of Iowa. This chapter provides for additional assessments against the depositories to ensure there will be no loss of public funds. Investments are stated as indicated in Note A.

The Hospital is authorized by statute to invest public funds in obligations of the United States Government, its agencies and instrumentalities; certificates of deposit or other evidences of deposit at federally insured depository institutions approved by the Board of Trustees; prime eligible bankers acceptances; certain high rated commercial paper; perfected repurchase agreements; certain registered open-end management investment companies; certain joint investment trusts; and warrants or improvement certificates of a drainage district.

The composition of designated and restricted assets is as follows:

	2006	2005
Internally Designated Assets: Cash and cash equivalents Certificates of deposit Interest receivable	\$ 570,571 2,534,541 16,011	\$ 303,009 2,510,496 11,438
	\$ 3,121,123	\$ 2,824,943
Restricted Assets: Certificate of deposit U.S. treasury obligations Interest receivable	\$ 909,666 6,000 7,435	\$ 875,000 6,000
	<u>\$ 923,101</u>	\$ 881,000

Interest rate risk. The Hospital's investment policy limits the investment of operating funds (funds expected to be expended in the current budget year or within 15 months of receipt) in instruments that mature within 397 days. Funds not identified as operating funds may be invested in investments with maturities longer than 397 days but the maturities shall be consistent with the needs and use of the Hospital.

Notes to Financial Statements June 30, 2006 and 2005

#### NOTE F - ACCOUNTS RECEIVABLE AND CONCENTRATION OF CREDIT RISK

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at June 30, 2006 and 2005, was as follows:

		2006		2005
Receivable from:				
Patients	\$	1,712,918	\$	1,734,626
Medicare		2,388,654		2,402,971
Medicaid		476,074		502,260
Blue Cross		781,708		1,141,838
Other commercial insurance carriers		1,020,842		983,995
Others		137,743		157,614
		6,517,939		6,923,304
Less allowances for doubtful accounts and				
contractual adjustments		2,078,439	<del>,</del>	2,080,000
	<u>\$</u>	4,439,500	\$	4,843,304

#### **NOTE G - CAPITAL ASSETS**

Capital assets, additions, disposals and balances for the years ended June 30, 2006 and 2005 were as follows:

Cost	Balance 2005	Additions	Disposals	Balance 2006
Land Improvements Buildings Major Movable Equipment Clinic Equipment  Depreciation	\$ 868,139 25,475,815 11,641,069 21,895 38,006,918	\$ 10,443 896,493 1,160,630  2,067,566	\$ 8,450  8,450	\$ 878,582 26,372,308 12,793,249 21,895 40,066,034
Land Improvements Buildings Major Movable Equipment Clinic Equipment Total Depreciation	399,807 7,588,571 7,659,313 21,895	51,254 998,419 1,234,874  2,284,547	8,450  8,450	451,061 8,586,990 8,885,737 21,895 17,945,683
Depreciable Capital Assets, Net  Construction in Progress	\$ 22,337,332 \$ 638,689	\$( 216,981) \$	\$ \$ 602,899	\$ 22,120,351 \$ 35,790
Land Total Non-depreciable Capital Assets	\$ 952,165		\$ 602,899	313,476 \$ 349,266

Notes to Financial Statements June 30, 2006 and 2005

#### NOTE G - CAPITAL ASSETS - Continued

Cost		alance 2004	_A	dditions	_Disp	osals		Balance 2005
Land Improvements	\$	868,139	\$		\$		\$	868,139
Buildings		5,372,236		103,579				25,475,815
Major Movable Equipment	1	1,167,797		473,272				11,641,069
Clinic Equipment		21,895						21,895
	3'	7,430,067		576,851				38,006,918
<u>Depreciation</u>								
Land Improvements		347,169		52,638				399,807
Buildings		6,601,834		986,737				7,588,571
Major Movable Equipment		6,519,163		1,140,150				7,659,313
Clinic Equipment		21,895		·				21,895
Total Depreciation	1	3,490,061	,	2,179,525				15,669,586
Total Depreciation		2,120,001		<u> </u>		····		13,007,500
Depreciable Capital Assets,								
Net	<u>\$ 2</u>	<u>3,940,006</u>	<u>\$(</u>	1 <u>,602,674</u> )	<u>\$</u>		<u>\$</u>	22,337,332
Construction in Progress	\$	35,790	\$	602,899	\$		\$	638,689
Land	·	313,476	<u> </u>				_	313,476
Total Non-depreciable								
Capital Assets	\$	349,266	<u>\$</u>	602,899	<u>\$</u>		<u>\$</u>	952,165

Total rental expense for operating leases in 2006 was approximately \$274,725 (\$233,369 in 2005).

## MAHASKA COUNTY HOSPITAL (d/b/a MAHASKA HEALTH PARTNERSHIP) Notes to Financial Statements

June 30, 2006 and 2005

#### NOTE H - LONG-TERM DEBT

A schedule of changes in the Hospital's long-term debt for the years ended June 30, 2006 and 2005 follows:

	Balance 2005	Additions	Reductions	Balance 2006	Current Portion
Long-Term Debt: Series 2001 bonds Series 2003 notes Note payable, bank Note payable, bank Less unamortized	\$ 8,240,000 1,515,000 1,769,038	\$  156,700	\$ 250,000 495,000 444,175 25,081	\$ 7,990,000 1,020,000 1,324,863 131,619	\$ 255,000 505,000 465,378 29,413
discount and debt issue costs	( 600,652)		( 67,668)	( 532,984)	( 68,010)
Total Long-Term Debt	<u>\$ 10,923,386</u>	<u>\$ 156,700</u>	<u>\$1,146,588</u>	\$ 9,933,498	<u>\$1,186,781</u>
	Balance 2004	Additions	Reductions	Balance 2005	Current Portion
Long-Term Debt: Series 2001 bonds Series 2003 notes Note payable, bank Less unamortized discount and debt issue costs	\$ 8,480,000 2,000,000 2,158,561 ( 667,802)	\$  	\$ 240,000 485,000 389,523 ( 67,150)	\$ 8,240,000 1,515,000 1,769,038	\$ 250,000 495,000 444,174 _( 67,667)
Total Long-Term Debt	<u>\$ 11,970,759</u>	\$	\$1,047,373	\$ 10,923,386	<u>\$1,121,507</u>

Notes to Financial Statements June 30, 2006 and 2005

#### NOTE H - LONG-TERM DEBT - Continued

#### Series 2001 Bonds

The County of Mahaska, Iowa issued \$8,715,000 of Hospital Revenue Bonds, Series 2001, to early refund previously issued Series 1997 bonds, and finance a portion of the costs of a medical office building and renovation project of the Hospital. The bonds are payable from revenues of the Hospital. The bonds mature in annual installments starting August 1, 2003 through August 1, 2016, with varying interest rates ranging from 3.5% to 5.1%.

#### Series 2003 Notes

The County of Mahaska, Iowa issued \$2,480,000 of General Obligation Refunding Hospital notes, Series 2003, to early refund the Series 1993 notes. The notes are payable primarily from revenues of the Hospital. However, the notes are ultimately general obligations of the County, payable from its General Fund, and are secured by a pledge of the County's General Fund and the faith, credit, revenues and resources and all of the real and personal property of the County. The notes mature in annual installments starting June 1, 2004 through June 1, 2008, with varying interest rates ranging from 1.50% to 2.85%.

#### Note Payable, Bank

The Hospital entered into a five year promissory note payable with a bank dated March 9, 2004 for the purchase of equipment. The note is payable in monthly installments of \$42,646 including interest at a rate of 4.25%. The note matures in March, 2009 and is collateralized by revenues of the Hospital.

#### Note Payable, Bank

The Hospital entered into a five year promissory note payable with a bank dated July 9, 2005 for the purchase of equipment. The note is payable in monthly installments of \$3,041 including interest at a rate of 6%. The note matures in July, 2010 and is collateralized by revenues of the Hospital.

Notes to Financial Statements June 30, 2006 and 2005

#### NOTE H - LONG-TERM DEBT - Continued

Scheduled principal and interest repayments on long-term debt are as follows:

Year Ending	Long-Te	Long-Term Debt			
June 30,	<u>Principal</u>	<u>Interest</u>			
2007	\$ 1,254,791	\$ 481,500			
2008	1,297,074	434,574			
2009	681,792	389,861			
2010	860,198	351,823			
2011	867,627	310,799			
2012-2016	4,490,000	887,595			
2017	1,015,000	<u>27,913</u>			
	<u>\$ 10,466,482</u>	<u>\$ 2,884,065</u>			

Under the terms of the bond resolutions, the Hospital is required to maintain certain deposits with a bank. Such deposits are included with restricted assets in the financial statements. The bond resolutions also place limits on the incurrence of additional borrowings and requires that the Hospital satisfy certain measures of financial performance as long as the bonds are outstanding.

#### NOTE I - PENSION AND RETIREMENT BENEFITS

The Hospital contributes to the Iowa Public Employees Retirement System (IPERS) which is a cost-sharing multiple-employer defined benefit pension plan administered by the State of Iowa. IPERS provides retirement and death benefits which are established by State statute to plan members and beneficiaries. IPERS issues a publicly available financial report that includes financial statements and required supplementary information. The report may be obtained by writing to IPERS, P.O. Box 9117, Des Moines, Iowa, 50306-9117.

Plan members are required to contribute 3.70% of their annual salary and the Hospital is required to contribute 5.75% of annual covered payroll. Contribution requirements are established by State statute. The Hospital's contributions to IPERS for the years ended June 30, 2006, 2005, and 2004, were approximately \$686,000, \$671,000, and \$605,000, respectively, equal to the required contributions for each year.

Notes to Financial Statements June 30, 2006 and 2005

#### NOTE J - DEFERRED COMPENSATION PLAN

The Hospital sponsors a deferred compensation plan which is administered by an independent contractor under Internal Revenue Code Section 457. The plan permits employees to defer a portion of their salary until future years. The Hospital's personnel department is responsible for the accounting, reconciliations and record keeping associated with employees' enrollment, payments to the plan through payroll deductions and timely transfer of withheld funds to the trustee designated by the participant for investment. The plan is designed so that each participant retains investment control of his/her individual account. The deferred compensation is not available to employees until termination, retirement, death, or unforeseeable emergency.

The Hospital's fiduciary responsibility is limited to due care in selecting the plan administrator. The administrator is responsible for withholdings and W-2s when the participants receive payments. The administrator is also required to submit an annual report to the Hospital. The Hospital is liable to a participant only for income lost because of its failure to send payment of a deferred amount as directed by the participant.

The market value of the exclusive benefit plan assets at June 30, 2006 was \$465,569 (\$500,383 at June 30, 2005). This amount is not included in the financial statements since the Hospital does not own or hold in a trustee capacity the amounts deferred by employees and related income on those amounts.

#### **NOTE K - RELATED ORGANIZATIONS**

Mahaska Hospital Foundation and Hospice of Mahaska County Endowment Foundation are separate not for profit organizations with independent boards of directors. During the year ended June 30, 2006, no contributions were received from these organizations (\$173,448 and \$121,306 for 2005), respectively.

#### NOTE L - COMMITMENTS AND CONTINGENCIES

#### Notes Receivable

The notes receivable represent funds advanced under agreements with physicians who have begun to practice in the community. The agreements include commitments by the physicians to provide medical services in the community for a specified period of years. In exchange for the commitments of time and services, the Hospital will forgive the notes over the terms of the commitments.

#### Risk Management

The Hospital is insured by a claims-made policy for protection against liability claims resulting from professional services provided or which should have been provided. Management believes that the malpractice insurance coverage is adequate to cover all asserted and any unasserted claims, therefore no related liability has been accrued. The Hospital is exposed to various other common business risks for which it is covered by commercial insurance. Settled claims from these risks have not exceeded insurance coverage during the past three years.

Notes to Financial Statements June 30, 2006 and 2005

#### NOTE L - COMMITMENTS AND CONTINGENCIES - Continued

Construction in Progress

Construction in progress at June 30, 2006 of \$35,790 consists of a down payment on additional components for its information system. The estimated total cost is \$115,000, which will be financed through the use of existing Hospital internally designated funds.

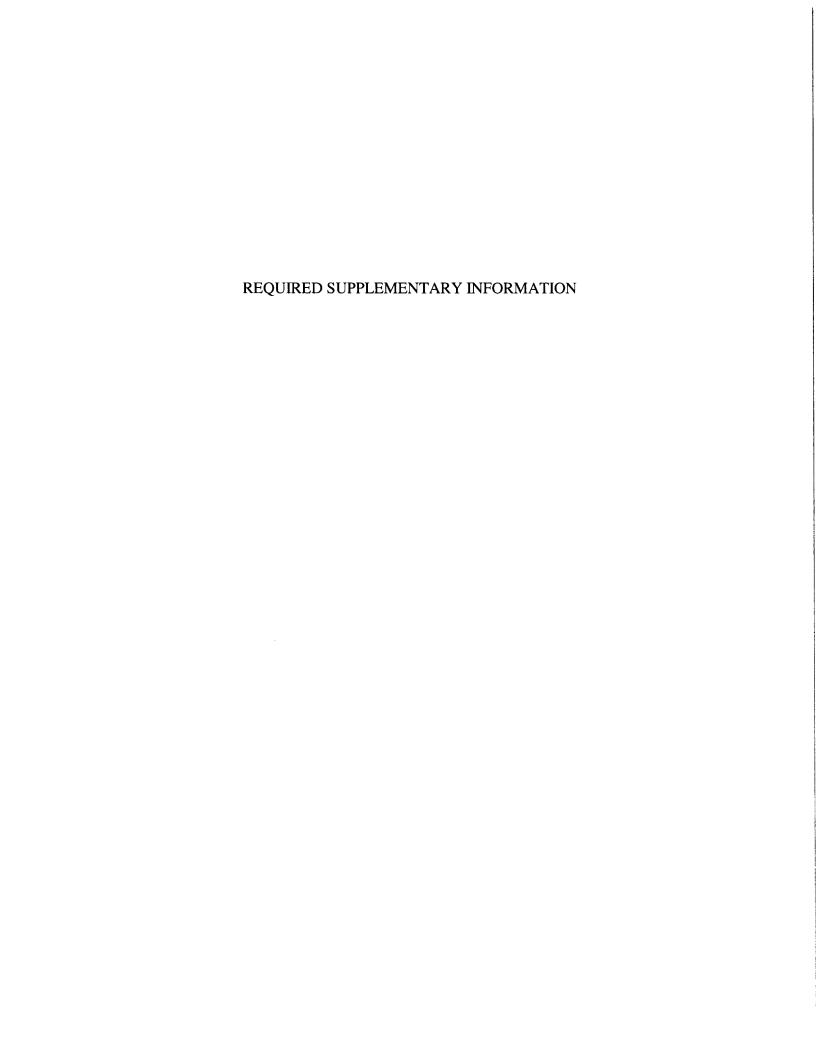
Self-Funded Health Insurance

The Hospital has established a self-insured employee health insurance program. Under the self-insured plan, the Hospital pays claims up to maximum limits and carries stop loss insurance for claims in excess of the limits. At June 30, 2006, the Hospital has accumulated funds in excess of actual claims paid of \$149,973 (\$149,973 at June 30, 2005). These funds, shown under internally designated assets are to be used to pay claims as they are filed in the future. The estimated amount of unpaid claims at June 30, 2006 is \$120,576 (\$135,098 at June 30, 2005), which is reported under current liabilities.

Equipment Purchase

The Hospital has committed to purchase equipment. The estimated cost of the equipment is \$205,000, which will be financed through the use of existing internally designated funds.

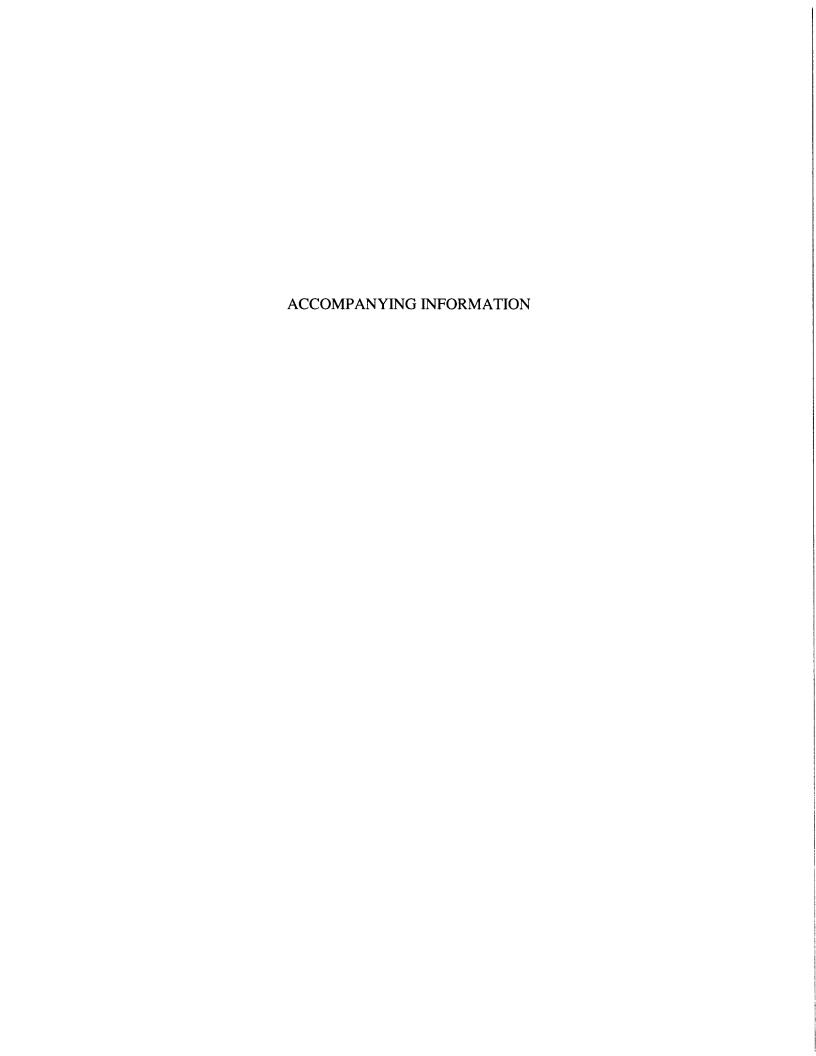
\* \* \*



Budgetary Comparison Schedule Year ended June 30, 2006

This budgetary comparison is presented as Required Supplementary Information in accordance with Government Auditing Standards. In accordance with the Code of Iowa, the Board of Trustees annually adopts a budget following the required public notice and hearings. The annual budget may be amended during the year utilizing similar statutorily-prescribed procedures. The following is a reconciliation between reported amounts and the modified accrual basis used to prepare the budget. The adjustment results from accounting for interest, property and equipment purchases, depreciation, and net assets differently for financial statement and budget purposes.

		Per Financial Statements				
		Unrestricted Fund	Restricted Fund	<u>Total</u>		
Amount raised by taxation		\$ 1,789,140	\$	\$ 1,789,140		
Other revenues		24,756,973 26,546,113	<u>42,101</u> 42,101	<u>24,799,074</u> 26,588,214		
Expenses		25,601,265		25,601,265		
Net		944,848	42,101	986,949		
Balance beginning of year		20,978,062	881,000	21,859,062		
Balance end of year		<u>\$ 21,922,910</u>	\$ 923,101	\$ 22,846,011		
	Total Per Financial Statements	Budget Adjustments	Budget Basis	<u>Budget</u>		
Amount raised by taxation	\$ 1,789,140	\$	\$ 1,789,140	\$ 1,674,549		
Other revenues	24,799,074 26,588,214	<u>570,036</u> 570,036	<u>25,369,110</u> 27,158,250	<u>24,392,865</u> 26,067,414		
Expenses	25,601,265	( 222,930)	25,378,335	26,193,959		
Net	986,949	792,966	1,779,915	( 126,545)		
Balance beginning of year	21,859,062	(13,593,290	8,265,772	8,265,772		
Balance end of year	\$ 22,846,011	<u>\$(12,800,324</u>	<u>\$ 10,045,687</u>	\$ 8,139,227		



## MAHASKA COUNTY HOSPITAL (d/b/a MAHASKA HEALTH PARTNERSHIP) Patient Receivables June 30,

### Analysis of Aging:

	2006			2005		
Days Since Discharge		Amount	Percent to Total		Amount	Percent to Total
Hospital 0 - 30 31 - 60 61 - 90 91 - 180 Over 181  Community Health and Hospice Physician clinic	\$	3,226,458 800,498 443,987 594,610 689,802 5,755,355 268,416 494,168 6,517,939	49.5% 12.3 6.8 9.1 10.6 88.3 4.1 7.6 100.0%	\$ 	3,083,943 969,197 511,077 750,826 748,105 6,063,148 372,004 488,152 6,923,304	44.6% 14.0 7.4 10.8 10.8 87.6 5.4 7.0 100.0%
Less: Allowance for doubtful accounts Allowance for contractual adjustments	<u>\$</u>	515,439 1,563,000 4,439,500		<u> </u>	548,000 1,532,000 4,843,304	

### Allowance for Doubtful Accounts:

	Year Ended June 30,		
	2006	2005	
Balance, beginning	\$ 548,000	\$ 504,000	
Provision for bad debts	1,193,458	1,153,286	
Recoveries of accounts previously written off	102.077	265 626	
whiten off	103,977 1,845,435	$\frac{365,626}{2,022,912}$	
Accounts written off	1,329,996	1,474,912	
Balance, ending	<u>\$ 515,439</u>	<u>\$ 548,000</u>	

See Independent Auditor's Report.

# MAHASKA COUNTY HOSPITAL (d/b/a MAHASKA HEALTH PARTNERSHIP) Inventory/Prepaid Expense June 30,

	2006	2005
Inventory Store room Dietary Pharmacy Laboratory Operating room Radiology	\$ 105,902 8,124 136,802 83,114 592,751 1,077	\$ 119,680 7,853 100,641 74,139 565,661 10,684
	<u>\$ 937,770</u>	<u>\$ 878,658</u>
Prepaid Expense Insurance Dues and contracts	\$ 48,405 80,642	\$ 40,857 85,523
	<u>\$ 129,047</u>	<u>\$ 126,380</u>

## MAHASKA COUNTY HOSPITAL (d/b/a MAHASKA HEALTH PARTNERSHIP) Patient Service Revenue Year ended June 30,

	2006		
	Inpatient	Outpatient	
Daily Patient Services:	\$ 2,479,095	\$ 801,602	
Medical and surgical Coronary care	205,375	\$ 601,002	
Nursery	203,373 277,200		
Obstetrics	400,192	25,919	
Swing bed			
Vision Quest	1,756,270		
	5,118,132	827,521	
Other Nursing Services:			
Operating and recovery rooms	1,170,335	2,777,686	
Delivery and labor rooms	261,419	69,218	
Central services and supply	1,035,103	543,365	
Wound/ostomy care	10,348	25,468	
Emergency services	233,821	2,166,788	
Cardiac rehabilitation and stress test	35,226	410,534	
	2,746,252	5,993,059	
Other Professional Services:			
Emergency room physicians	100,322	1,380,701	
Laboratory	746,259	1,598,991	
Electrocardiology	152	25,507	
Electroencephalography	3,969	31,185	
Radiology	107,635	987,242	
Ultrasound	35,230	276,579	
Nuclear scanning	3,013	43,730	
MRI scanning	126,534	1,926,308	
CT scanning	343,287	2,435,184	
Outsourced services	94,187	489,174	
Pharmacy	1,716,051	1,244,128	
Oncology	52,864	298,299	
Anesthesiology	210,202	427,805	
Respiratory therapy	722,254	548,648	
Physical therapy	86,600	982,979	
Occupational therapy	64,440 10,653	242,552	
Speech therapy	10,033	106,113 42,245	
Massage therapy Ambulance	234,559	984,699	
Community health	234,339	1,427,394	
	<del></del>	637,324	
Hospice Occupational health		193,023	
New Directions	27,840	916,727	
Physician clinic	27,040	1,898,317	
Ingoloidii Cililic	4,686,051	19,144,854	
	\$ 12,550,435	\$ 25,965,434	
		•	

2	2006			2005
Swing Bed		Total		Total
\$ 	\$	3,280,697 205,375 277,200	\$	3,510,325 217,238 277,750
590,292 		426,111 590,292 1,756,270		397,994 879,565 1,328,300
590,292	-	6,535,945		6,611,172
2,998  7,027		3,951,019 330,637 1,585,495		6,507,618 311,592 165,528
3,101		38,917 2,400,609 445,760	<del></del>	43,683 2,199,279 391,880
13,126		8,752,437		9,619,580
57,554 		1,481,023 2,402,804 25,659		899,373 2,551,304 21,733
8,249 1,479 1,148		35,154 1,103,126 313,288 47,891		24,750 988,169 241,051 63,720
8,521  9,608		2,061,363 2,778,471 592,969		1,787,819 2,371,626 309,441
226,040  275	)	3,186,219 351,163 638,282		2,945,279 714,934 742,339
180,830 104,970 82,433	<b>)</b>	1,451,732 1,174,549 389,425		1,476,450 1,313,850 342,350
7,417  4,846		124,183 42,245 1,224,104		1,040,000
		1,427,394 637,324 193,023		1,505,670 556,721 203,733
693,370	<u> </u>	944,567 1,898,317 24,524,275	_	870,264 2,003,783 23,080,045
\$ 1,296,788	<u>\$</u>	39,812,657	<u>\$</u>	39,310,797

#### Revenue and Related Adjustments Year ended June 30,

	200	6	2005
Net Patient Service Revenue Patient service revenue Contractual adjustments Provision for bad debts	( 14,30	12,657 \$ 09,300) ( 93,458) _(	39,310,797 (14,813,526) (1,153,286)
	<u>\$ 24,30</u>	<u>)9,899</u> <u>\$</u>	23,343,985
Other Revenue			
Cafeteria		93,094 \$	98,332
Catering Madical record transposints		35,843	34,692
Medical record transcripts Non-patient supplies		717 336	1,265 1,419
Outpatient clinics	(	51,569	64,096
Dietary services		35,782	27,164
Medical Alert		1,410	24,938
Miscellaneous		4,450	18,817
	\$ 23	<u>33,201</u> <u>\$</u>	270,723

# MAHASKA COUNTY HOSPITAL (d/b/a MAHASKA HEALTH PARTNERSHIP) Nursing Service Expenses Year ended June 30,

	2006	2005
Administrative:		
Salaries and wages	\$ 260,172	\$ 406,207
Employee benefits	2,188	69,847
Supplies and other expense	25,479	21,739
	287,839	497,793
Medical and Surgical:		4 400 0 4 7
Salaries and wages	1,492,605	1,432,045
Employee benefits	224,660	198,912
Supplies and other expense	<u>158,855</u> 1,876,120	147,164 1,778,121
	1,070,120	1,770,121
Obstetrics:	267.041	100 425
Salaries and wages	267,041	199,435
Employee benefits	39,677 50,627	30,573
Supplies and other expense	<u>59,627</u> 366,345	<u>58,803</u> 288,811
	300,343	200,011
Nursery:	107.000	0,50,15
Salaries and wages	107,009	95,215
Employee benefits	12,538	14,712
Supplies and other expense	2,376	3,369
	121,923	113,296
Vision Quest:		
Salaries and wages	593,462	472,478
Employee benefits	81,946	63,001
Supplies and other expense	184,672	309,901
	860,080	845,380
Operating and Recovery Rooms:		
Salaries and wages	624,373	643,430
Employee benefits	71,137	75,399
Supplies and other expense	<u>713,661</u>	1,156,015
	1,409,171	1,874,844
Delivery and Labor Rooms:		
Salaries and wages	81,145	98,277
Employee benefits	9,588	14,331
Supplies and other expense	141	731
•	90,874	113,339

# MAHASKA COUNTY HOSPITAL

# (d/b/a MAHASKA HEALTH PARTNERSHIP) Nursing Service Expenses - Continued Year ended June 30,

		2006		2006 200		2005
Central Services and Supply: Supplies and other expense		\$	385,210	\$	78,291	
Wound/Ostomy Care: Salaries and wages Employee benefits Supplies and other expense			18,498 2,509 2,066 23,073		18,417 2,281 1,192 21,890	
Emergency Services: Salaries and wages Employee benefits Supplies and other expense			316,163 40,472 74,979 431,614		273,721 37,296 83,724 394,741	
Cardiac Rehabilitation: Salaries and wages Employee benefits Supplies and other expense		<u> </u>	40,648 6,847 42,266 89,761 5,942,010	<u> </u>	35,985 3,404 43,418 82,807 6,089,313	
	<u>SUMMARY</u>					
Salaries and wages Employee benefits Supplies and other expense		\$	3,801,116 491,562 1,649,332	\$	3,675,210 509,756 1,904,347	
		<u>\$</u>	5,942,010	<u>\$</u>	6,089,313	

# MAHASKA COUNTY HOSPITAL (d/b/a MAHASKA HEALTH PARTNERSHIP) Other Professional Service Expenses Year ended June 30,

	2006	2005
Emergency Room Physicians: Salaries and wages Employee benefits Professional fees Supplies and other expense	\$ 823,912 18,248 3,857 10,974 856,991	122,681 39,739
Laboratory: Salaries and wages Employee benefits Professional fees Supplies and other expense	329,290 44,347 194,353 293,025 861,015	40,373 186,220 324,118
Electroencephalography and Electrocardiology: Salaries and wages Employee benefits Purchased services	349 25  374	15 2,976
Oncology: Salaries and wages Employee benefits Supplies and other expense	89,053 9,742 63,318 162,113	2 12,953 3 235,189
Radiology and Ultrasound: Salaries and wages Employee benefits Supplies and other expense	406,871 54,070 504,610 965,551	54,383 366,588
Nuclear Scanning: Purchased services	32,099	51,523
Outsourced Services: Purchased services Supplies and other expense	256,126 6: 256,187	<u> 180</u>

## MAHASKA COUNTY HOSPITAL (d/b/a MAHASKA HEALTH PARTNERSHIP) Other Professional Service Expenses - Continued Year ended June 30,

	2006	2005		
Pharmacy: Salaries and wages Employee benefits Drugs and other expense	\$ 249,632 30,149 696,644	\$ 231,998 34,241 637,603		
Drugo and other expense	976,425	903,842		
Anesthesiology: Supplies and other expense	47,012	62,223		
Respiratory Therapy:				
Salaries and wages	271,245	240,178		
Employee benefits Professional fees	34,369 9,925	31,520 13,084		
Supplies and other expense	50,961	52,518		
Supplies and other expense	366,500	337,300		
Physical Therapy:	501.064	621.164		
Professional fees Supplies and other expense	521,264 15,806	631,164 22,273		
Supplies and other expense	537,070	653,437		
Speech Therapy:	40,600	45.001		
Salaries and wages	49,609	47,081		
Employee benefits Professional fees	6,227 160	6,055		
Supplies and other expense	3,632	4,914		
aspp	59,628	58,050		
Occupational Therapy:				
Professional fees	172,674	162,377		
Supplies and other expense	1,386	2,578		
	174,060	164,955		
Ambulance:	447.000	400 400		
Salaries and wages Employee benefits	447,292 58,824	420,486 57,804		
Purchased services	1,398	257		
Supplies and other expense	36,512	30,014		
•	544,026	508,561		

## MAHASKA COUNTY HOSPITAL (d/b/a MAHASKA HEALTH PARTNERSHIP) Other Professional Service Expenses - Continued Year ended June 30,

	2006	2005
Community Health: Salaries and wages Employee benefits Purchased services Supplies and other expense	\$ 785,095 108,443 143,449 113,016 1,150,003	\$ 731,127 102,808 126,036 114,104 1,074,075
Hospice:	407.011	410.060
Salaries and wages Employee benefits Supplies and other expense	427,811 50,210 162,753 640,774	410,860 51,025 134,253 596,138
Medical Records:	261.162	242.024
Salaries and wages Employee benefits Supplies and other expense	264,463 35,388 60,868 360,719	243,934 29,950 <u>94,341</u> 368,225
Physician Clinic:		
Salaries and wages Employee benefits Supplies and other expense	1,899,438 159,512 194,530	2,038,805 229,984 141,939
	2,253,480	2,410,728
Outpatient Clinics:     Salaries and wages     Employee benefits     Purchased services     Supplies and other expense	1,144 84 500 2,910 4,638	2,703 197 190 1,833 4,923
Dietician Services:		
Salaries and wages Employee benefits Supplies and other expense	78,380 10,023 5,680 94,083	52,341 8,842 6,046 67,229
New Directions:		
Salaries and wages Employee benefits	673,896 89,176	765,801 107,890
Purchased services Supplies and other expense	40,629 58,274	16,761 46,727
2 appriso mas omer emperior	861,975	937,179

### MAHASKA COUNTY HOSPITAL (d/b/a MAHASKA HEALTH PARTNERSHIP) Other Professional Service Expenses - Continued Year ended June 30,

			2006		2005
Occupational Health: Salaries and wages Employee benefits Purchased services Supplies and other expense		\$	113,648 18,211 6,295 22,563 160,717	\$ 	115,378 10,523 56,429 17,801 200,131
		<u>\$</u>	11,365,440	<u>\$</u>	11,552,909
	<u>SUMMARY</u>				
Salaries and wages Employee benefits Professional fees Supplies and other expense		\$	6,911,128 727,048 902,233 2,825,031	\$	6,831,873 901,244 1,032,584 2,787,208
		\$_	11,365,440	<u>\$</u>	11,552,909

# MAHASKA COUNTY HOSPITAL (d/b/a MAHASKA HEALTH PARTNERSHIP) General Service Expenses Year ended June 30,

		2006		2005	
Dietary: Salaries and wages Employee benefits Food Supplies and other expense		\$	231,592 32,076 116,624 26,732 407,024	\$	227,875 29,537 120,881 26,681 404,974
Operation of Plant: Salaries and wages Employee benefits Utilities Supplies and other expense			234,200 33,884 450,719 350,566 1,069,369		190,138 27,171 383,415 244,110 844,834
Environmental Services: Salaries and wages Employee benefits Supplies and other expense			298,747 33,827 43,377 375,951		301,991 36,935 39,271 378,197
Laundry and Linen: Salaries and wages Employee benefits Supplies and other expense		 	112,559 15,817 14,869 143,245 1,995,589	<u> </u>	105,045 15,454 19,129 139,628
	<u>SUMMARY</u>	<u>\$</u>		<del>2</del>	
Salaries and wages Employee benefits Supplies and other expense		\$ —	877,098 115,604 1,002,887	\$	825,049 109,097 833,487
		<u>\$</u>	1,995,589	<u>\$</u>	1,767,633

# MAHASKA COUNTY HOSPITAL

# (d/b/a MAHASKA HEALTH PARTNERSHIP) Fiscal and Administrative Service Expenses Year ended June 30,

		2006	2005	
Administrative:	ф	041 175	<b>c</b>	922.069
Salaries and wages Employee benefits	\$	841,175 113,103	\$	822,968 113,036
Professional fees		96,252		31,749
Supplies and other expense		360,083		274,237
Purchased services		59,363		87,152
Travel and education		19,067		28,821
Telephone		5,061		2,774
Dues, subscriptions and licenses		42,225		50,140
Collection fees		106,096		92,050
		1,642,425		1,502,927
Information Systems:				
Salaries and wages		114,677		123,049
Employee benefits		14,627		19,199
Purchased services		7,691		6,216
Supplies and other expense		93,039		102,378
		230,034		250,842
Purchasing:				
Salaries and wages		100,610		94,610
Employee benefits		14,315		14,747
Supplies and other expense		9,229		3,964
-		124,154		113,321
Public Relations:				
Salaries and wages		77,642		76,181
Employee benefits		7,573		12,557
Supplies and other expense		65,904		80,711
		151,119		169,449
Human Resources:				
Salaries and wages		77,337		70,674
Employee benefits		9,407		10,009
Purchased services		6,434		8,413
Supplies and other expense		28,307		35,760
		121,485		124,856

# MAHASKA COUNTY HOSPITAL (d/b/a MAHASKA HEALTH PARTNERSHIP) Fiscal and Administrative Service Expenses - Continued Year ended June 30,

	2006	2005
Quality Management: Salaries and wages Employee benefits Supplies and other expense	\$ 36,016 6,129 18,887 61,032	\$ 37,706 3,814 6,415 47,935
Employee Welfare: Unemployment tax Group health and life insurance Workers' compensation insurance	16,747 1,140,632 159,291 1,316,670	4,124 1,015,491 144,207 1,163,822
Insurance: Insurance and bonding expense	349,710 \$ 3,996,629	322,764 \$ 3,695,916
SUMMARY		
Salaries and wages Employee benefits Professional fees Supplies and other expense	\$ 1,247,457 1,481,824 96,252 1,171,096 \$ 3,996,629	\$ 1,225,188 1,337,184 31,749 1,101,795 \$ 3,695,916
SUMMARY OF EXPENSE	<u>es</u>	
Salaries and wages Employee benefits Professional fees Supplies and other expense	\$ 12,836,799 2,816,038 998,485 6,648,346 \$ 23,299,668	\$ 12,557,320 2,857,281 1,064,333 6,626,837 \$ 23,105,771

Comparative Statistics Year ended June 30,

	2006	2005	2004	2003	2002
Acute Care: Admissions	1,273	1,417	1,255	1,077	1,053
Discharges	1,271	1,421	1,260	1,076	1,061
Patient days	3,847	4,589	4,360	3,502	3,321
Average length of stay	3.03	3.23	3.46	3.25	3.13
Average occupied beds	10.5	12.6	11.9	9.6	9.1
Vision Quest: Admissions	164	143	114		
Discharges	163	142	110		
Patient days	1,834	1,436	1,279		
Average length of stay	11.25	10.11	11.63		
Average occupied beds	5.0	3.9	3.5		
Swing Bed: Admissions	241	321	242	183	284
Discharges	244	318	241	181	282
SNF days	1,375	2,065	1,463	1,351	1,987
ICF days	4	50	29	62	141
Combined Average Occupied Beds	19.3	22.3	19.5	13.5	14.9
Nursery Days	495	505	540	423	398
Home Health Visits	19,783	20,326	20,235	18,235	16,886
Outpatient Occasions of Service	90,368	89,488	78,536	72,142	69,497

# Comparative Balance Sheets June 30,

		2006	-	2005
Current Assets: Cash Receivables Inventory Prepaid expense Estimated third-party payor settlements Succeeding year property tax receivable Internally designated assets Total current assets	\$	2,476,109 4,516,224 937,770 129,047 88,000 1,750,000 1,453,501 11,350,651	\$	1,783,416 5,061,201 878,658 126,380 17,000 1,675,000 1,429,321 10,970,976
Other Assets: Designated and restricted assets, net Capital assets, net Other assets Total other assets	<u> </u>	2,590,723 22,469,617 87,384 25,147,724 36,498,375	<u> </u>	2,276,622 23,289,497 214,099 25,780,218 36,751,194
Current Liabilities: Current maturities of long-term debt Accounts payable Accrued expenses Due to restricted assets Deferred revenue for succeeding year property tax receivable Total current liabilities	\$	1,186,781 704,343 1,264,523  1,750,000 4,905,647	\$	1,121,507 634,006 1,659,740  1,675,000 5,090,253
Long-Term Debt, Net		8,746,717		9,801,879
Net Assets		22,846,011		21,859,062
	<u>\$</u>	36,498,375	<u>\$</u>	36,751,194

	2004		2003		2002
\$	1,023,405	\$	558,619	\$	595,893
	5,208,426		3,401,067		3,519,833
	963,833		509,144		397,028
	36,058		35,486		31,725
	231,000		27,000		290,000
	1,599,000		1,562,000		1,542,000
	1,436,637	_	<u>1,495,466</u>	_	2,031,237
	10,498,359		7,588,782		8,407,716
	2,134,769		6,917,672		12,377,856
	24,289,272		21,122,943		16,113,581
	300,099		194,491		321,976
	26,724,140		28,235,106		28,813,413
<u>\$</u>	37,222,499	<u>\$</u>	35,823,888	<u>\$</u>	37,221,129
\$	1,083,702	\$	1,063,108	\$	354,512
•	838,743	4	1,089,729	*	2,482,414
	1,490,939		1,225,488		1,016,279
	, , , , , , , , , , , , , , , , , , ,		8,116		8,116
	1,599,000		1,562,000		1,542,000
	5,012,384	_	4,948,441		5,403,321
	10,887,057		9,812,198		10,871,224
	21,323,058	_	21,063,249	_	20,946,584
<u>\$</u>	37,222,499	\$	35,823,888	<u>\$</u>	37,221,129

## MAHASKA COUNTY HOSPITAL (d/b/a MAHASKA HEALTH PARTNERSHIP) Comparative Statements of Revenues and Expenses Year ended June 30,

	2006	2005
Patient Service Revenue	\$ 39,812,657	\$ 39,310,797
Adjustments to Patient Service Revenue	( 15,502,758)	( 15,966,812)
Net Patient Service Revenue	24,309,899	23,343,985
Other Revenue	233,201	270,723
Total Revenue	24,543,100	23,614,708
Expenses	25,601,265	25,301,829
Operating Loss	( 1,058,165)	( 1,687,121)
Non-Operating Income	2,045,114	2,223,125
Excess of Revenues Over Expenses (Expenses Over Revenues) Before Unusual Item	986,949	536,004
Unusual Item		
Excess of Revenues Over Expenses	<u>\$ 986,949</u>	<u>\$ 536,004</u>

2004	2003	2002
\$ 34,656,187	\$ 24,851,237	\$ 22,125,218
( 13,333,234)	( 8,792,906)	( 7,102,790)
21,322,953	16,058,331	15,022,428
287,386	251,589	307,523
21,610,339	16,309,920	15,329,951
23,137,702	18,399,286	15,863,181
( 1,527,363)	( 2,089,366)	( 533,230)
1,787,172	1,976,139	2,197,362
259,809	( 113,227)	1,664,132
	229,892	
\$ 259,809	<u>\$ 116,665</u>	\$ 1,664,132

## COMMENTS AND RECOMMENDATIONS

## Gronewold, Bell, Kyhnn & Co. P.C.

CERTIFIED PUBLIC ACCOUNTANTS • BUSINESS AND FINANCIAL CONSULTANTS

1910 EAST 7th STREET BOX 369 ATLANTIC, IOWA 50022-0369 (712) 243-1800 FAX (712) 243-1265 CPA@GBKCO.COM ROGER A. BELL MARK D. KYHNN DAVID L. HANNASCH KENNETH P. TEGELS CHRISTOPHER J. NELSON DAVID A. GINTHER

Independent Auditor's Report on Internal Control over Financial Reporting
and on Compliance and Other Matters

Based on an Audit of Financial Statements Performed in Accordance with
Government Auditing Standards

To the Board of Trustees Mahaska County Hospital (d/b/a Mahaska Health Partnership) Oskaloosa, Iowa

We have audited the accompanying financial statements of Mahaska County Hospital (d/b/a Mahaska Health Partnership) as of and for the year ended June 30, 2006, and have issued our report thereon dated October 12, 2006. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States.

#### Internal Control Over Financial Reporting

In planning and performing our audit, we considered Mahaska County Hospital's (d/b/a Mahaska Health Partnership) internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinion on the financial statements and not to provide an opinion on the internal control over financial reporting. However, we noted certain matters involving the internal control over financial reporting and its operation that we consider to be reportable conditions. Reportable conditions involve matters coming to our attention relating to significant deficiencies in the design or operation of the internal control over financial reporting that, in our judgment, could adversely affect Mahaska County Hospital's (d/b/a Mahaska Health Partnership) ability to record, process, summarize and report financial data consistent with the assertions of management in the financial statements. Reportable conditions are described in Part I of the accompanying Schedule of Findings.

A material weakness is a reportable condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that misstatements caused by error or fraud in amounts that would be material in relation to the financial statements being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. Our consideration of the internal control over financial reporting would not necessarily disclose all matters in the internal control that might be reportable conditions and, accordingly, would not necessarily disclose all reportable conditions that are also considered to be material weaknesses. However, of the reportable conditions described above, we believe item 06-I-A is a material weakness.

To the Board of Trustees Mahaska County Hospital (d/b/a Mahaska Health Partnership)

#### **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether Mahaska County Hospital's (d/b/a Mahaska Health Partnership) financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, non-compliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of non-compliance or other matters that are required to be reported under <u>Government Auditing Standards</u>. However, we noted certain immaterial instances of non-compliance or other matters that are described in Part II of the accompanying Schedule of Findings.

Comments involving statutory and other legal matters about the Hospital's operations for the year ended June 30, 2006 are based exclusively on knowledge obtained from procedures performed during our audit of the financial statements of the Hospital. Since our audit was based on tests and samples, not all transactions that might have had an impact on the comments were necessarily audited. The comments involving statutory and other legal matters are not intended to constitute legal interpretations of those statutes.

This report, a public record by law, is intended solely for the information and use of the officials, employees and constituents of Mahaska County Hospital (d/b/a Mahaska Health Partnership) and other parties to whom the Hospital may report, including federal awarding agencies and pass-through entities. This report is not intended to be and should not be used by anyone other than these specified parties.

Granewall, Bell, Kyhn + G. P. C.

Atlantic, Iowa October 12, 2006

Schedule of Findings Year ended June 30, 2006

#### **PART I - REPORTABLE CONDITIONS**

<u>06-I-A Segregation of Duties</u>: A limited number of people have the primary responsibility for most of the accounting and financial duties. As a result, some of those aspects of internal accounting control which rely upon an adequate segregation of duties are, for all practical purposes, missing in the Hospital.

<u>Recommendation</u>: We recognize that it may not be economically feasible for the Hospital to employ additional personnel for the sole purpose of segregating duties, however, it is our professional responsibility to bring this control deficiency to your attention. We recommend that the Board be aware of the lack of segregation of duties and that they act as an oversight group to the accounting personnel.

Response: The Board is aware of this lack of segregation of duties, but it is not economically feasible for the Hospital to employ additional personnel for this reason. The Board will continue to act as an oversight group.

**Conclusion**: Response accepted.

\* \* \*

#### PART II - REQUIRED STATUTORY REPORTING

<u>06-II-A Certified Budget</u>: Hospital expenditures during the year ended June 30, 2006 did not exceed amounts budgeted.

<u>06-II-B Questionable Expenditures</u>: During the audit, we noted a certain expenditure that may not meet the requirements of public purpose as defined in the Attorney General's opinion dated April 25, 1979. The expense was as follows:

Paid to	Purpose	_A	_Amount_	
The Peppertree	Employee recognition banquet	\$	2,236	

<u>Recommendation</u>: We recommend that the Board continue to document in the Board minutes the public purpose of such an expenditure before authorization is given.

<u>Response</u>: The expenditure is considered part of the employee benefit package and the Board feels it meets the requirements of public purpose as defined by the Attorney General's opinion dated April 25, 1979.

Conclusion: Response accepted.

Schedule of Findings - Continued Year ended June 30, 2006

#### PART II - REQUIRED STATUTORY REPORTING - Continued

<u>06-II-C Travel Expense</u>: No expenditures of Hospital money for travel expenses of spouses of Hospital officials and/or employees were noted.

<u>06-II-D Business Transactions</u>: No business transactions between the Hospital and Hospital officials and/or employees were noted.

<u>06-II-E Board Minutes</u>: No transactions were found that we believe should have been approved in the Board minutes but were not.

<u>06-II-F Deposits and Investments</u>: We noted no instances of non-compliance with the deposit and investment provisions of Chapter 12B and Chapter 12C of the Code of Iowa and the Hospital's investment policy.

\* \* \*